



MATANUSKA-SUSITNA BOROUGH

Division of Assessment

350 E Dahlia Ave, Palmer, AK 99645

Phone (907) 861-8642 Fax (907) 861-8693

www.matsu.gov

TAXPAYER'S CLAIM FOR REDUCTION OF ASSESSMENTS AND THE ABATEMENT OF TAXES RESULTING FROM PROPERTY AFFECTED BY FIRE MSB 3.15.075

"Damage" means harm resulting from physical injury to property, including partial or total destruction, and a reduction in the value of improvements or land resulting from fire. "Fire" includes man-made and act-of-nature events.

Notice to Taxpayer: This claim for reduction of assessment and abatement of taxes must be completed with the assessor within one hundred-twenty (120) days after the date of damages due to fire as defined by MSC 3.15.075. If you disagree with the Assessor's determination of value, an appeal may be filed with the Board of Equalization within thirty (30) days of the date of notification by submitting a written appeal form provided by the board's clerk.

Section 1: PURSUANT TO MSB 3.15.075, I HEREBY PETITION FOR ADJUSTMENT TO THE ASSESSED VALUE OF THE PROPERTY DESCRIBED BELOW, AND FOR THE APPLICABLE ABATEMENT OF TAXES.

Tax Account / Legal Description of
Property:

Mailing Address:

Date Damage Occurred:

Check all that apply:

Real Property

Personal Property

Land

Mobile Home

Commercial

Other

Describe what caused the fire (if known):

Description of property damage:

Property Owner's Estimated value of property after the fire:

\$

Amount of taxes paid for the year the fire occurred:

\$

I herby declare under the penalty of perjury that the above information is true and correct to the best of my knowledge and belief.

Printed Name

Phone

Signature

Date



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Section 2: TO BE COMPLETED BY THE ASSESSOR

Claim: _____

Date Filed _____

Qualifies
Does not qualify

Reason: _____

Section 3: TO BE COMPLETED IF QUALIFIED

Date of fire: ____/____/____

Assessed value prior to damage (_____ days)	\$ _____
Full and true value of property after damage (_____ days)	\$ _____
Taxable value of property prior to damage*	\$ _____
Taxable value of property after damage *	\$ _____

*less exemptions

I hereby certify my determination of the assessed value after damage for the assessment year _____

Date

Assessor

Date sent to Taxpayer

Section 4: TO BE COMPLETED BY THE FINANCE DEPARTMENT

Original Taxable Value	# of Days	Mill Rate	Annual Tax	Daily Tax	Adjusted Yearly Tax
_____ (Line 3)	_____ (Line 1)	_____	_____	_____	_____
Adjusted Taxable Value					
_____ (Line 4)	_____ (Line 2)	_____	_____	_____	_____

Yearly Tax Due	\$ _____
Yearly Adjusted Taxable Value	\$ _____